



# Personnel File Inspection/Copy Request Form

Revised: 10/30/2019

Form Owner: Human Resources

## User Instructions

**Form Purpose:** This form is to request to view or obtain a copy of your personnel file from HR.

**Where to submit this form:** Submit this completed form via email to [HR@4j.lane.edu](mailto:HR@4j.lane.edu), or by fax to (541) 790-7665 or mail to 200 North Monroe Street, Eugene, OR 97402. For inquiries, call (541) 790-7670.

## Employee Information (Required)

Employee First and Last Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Classified  Licensed  MAPS  Other Position Title: \_\_\_\_\_

I am requesting to, or  I authorize \_\_\_\_\_ to:

View my personnel file

In the Human Resources office

In my building/department (You will be charged the amount associated with the cost to provide this service.)

Obtain a copy of my personnel file (You will be charged the rate listed below)

Documents Requested (Check all that apply):

Evaluations

Operations File (This file contains documentation regarding personnel actions such as an FTE increase.)

Personnel File

Payroll Records

Other: \_\_\_\_\_

I understand the following:

- If I am inspecting my personnel file, I may not add, remove or alter any documents.
- If I do not agree with documents in my personnel file, I may submit a statement in writing.
- I understand the District may verify the identity of any representative designated by me.
- If I am requesting a copy, I agree to pay the following fee:
  - o Current employees: 0.25 cents per page, \$10 maximum
  - o Former employee: 0.25 cents per page, \$25 maximum
- The fee for copies must be received by HR before the documents will be released.

The District will respond within 45 calendar days from receipt of this written request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Human Resources Only

Date request received: \_\_\_\_\_ Date of review of file with employee/representative: \_\_\_\_\_

Date copy of personnel file was provided to the employee/representative: \_\_\_\_\_ Paid: \_\_\_\_\_

Name of Human Resources representative who completed request: \_\_\_\_\_